

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033835

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1011

STATE FILE NUMBER

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,

Length of stay in 1b
60 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. Mo. Methodist Hospital

Inside Limits
No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
510 N. 1st Belt

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

EDWARD

J.

PETRY

4. DATE OF DEATH

Month

Day

Year

September 2 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed

8. DATE OF BIRTH

Jan. 15, 1897

9. AGE (last birthday)

65

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self employed

10b. KIND OF BUSINESS OR INDUSTRY

Concrete Const.

11. BIRTHPLACE (City and state or country)

Rockport, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Nicholas Petry

13b. MOTHER'S MAIDEN NAME

Caroline Sommerhauser

14. NAME OF HUSBAND OR WIFE

Helen D. Petry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes

16. SOCIAL SECURITY NO.

W.W. #1

17. INFORMANT

Mrs. Helen D. Petry-St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unattended Death - Apparently Natural Causes, Investigated by City Health Department

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at _____ 9:30 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert W. Rieber, M.D. Health Officer

22b. ADDRESS

St Joseph, Mo

22c. DATE SIGNED

9-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

9-4-1962

23c. NAME OF CEMETERY OR CREMATORY

Elmwood Crematory

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Sept 7 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Permitted 9/4/62

MS SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond B. Loo

Licensed Embalmer No. 5147

P. O. Address St. Paul, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.